EPA REGION 4 BUDGET TABLE

a. PERSONNEL

POSITION	NUMBER	SALARY	% TIME or #WORK HOURS	AMOUNT
a. PERSONNEL TOTAL				

b. FRINGE BENEFITS

BASE	
RATE	X %
b. FRINGE BENEFITS TOTAL	

c. TRAVEL

Provide a breakdown of the number of trips, purpose, destinations, number of travelers, etc. to document estimated travel costs.				
c. TRAVEL TOTAL:				

d. EQUIPMENT

Tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Please list equipment items (i.e., computers, etc.) and provide adequate detail to enable the EPA to make an eligibility determination and to verify cost. For "equipment" with a cost of less than \$5,000 per unit, list under supplies.

ITEM	NUMBER	COST PER UNIT	TOTAL
d. EQUIPMENT TOTAL:			

e. SUPPLIES				
List by groups (as appropriate), such as office supplies or field supplies.				
e. SUPPLIES TOTAL				
f. CONTRACTUAL				
List each planned contract and the type of services/project activity to be procured. Agother governmental agencies (state, local or Federal) should be listed under category h				
f. CONTRACTUAL TOTAL				
g. CONSTRUCTION (N/A)				
h. OTHER				
List other items that would not be appropriately included elsewhere, such as costs for maintenance, operations, repairs, motor pools, rental, training, publication, and printing				
h. OTHER TOTAL				
i. TOTAL DIRECT COSTS: (Sum of categories a. through h.)				
j. INDIRECT COSTS: (RATE:)				
k. TOTAL PROPOSED COSTS: (Sum of categories i. and j.)				
FEDERAL FUNDS REQUESTED:				